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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07984

7985

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>GARRETT</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>GARRETT</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>BITTINGER</u> | | c. LENGTH OF STAY IN 1b <u>LIFE</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>L.</u> Last <u>BEITZEL</u> | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>18</u> Year <u>1958</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR. 16, 1870</u> |
| 9. AGE (In years last birthday) <u>88</u> yrs. | | 10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>BITTINGER, MD</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>LEWIS BEITZEL</u> | | 14. MOTHER'S MAIDEN NAME <u>SARA BRENNEMAN</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u> </u> | |
| 17. INFORMANT Address <u>Roy Beitzel, Accident MD</u> | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Disease</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Generalized Coronary Arteriosclerosis</u> DUE TO (c) <u>unknown</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Malnutrition</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. <u> </u> p. m. <u> </u> <u> </u> 19 <u> </u> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>May 16, 1958</u> to <u>July 18, 1958</u> , that I last saw the deceased alive on <u>July 16, 1958</u> , and that death occurred at <u>5:30 P.M.</u> from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>Ruth Peachey</u> | | DATE SIGNED <u>7/19/58</u> | |
| PHYSICIAN'S NAME (Type) <u>Ruth Peachey</u> | | ADDRESS (Street, city or town, state) <u>Grantsville, Md.</u> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 22b. DATE THEREOF <u>7/21/58</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>CHERRY GLADE</u> | | 22d. LOCATION (City, town, or county) (State) <u>BITTINGER (GARRETT Co MD)</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Don Newman</u> | | 24a. REC'D BY REGISTRAR DATE <u>JUL 22 '58</u> | |
| ADDRESS <u>Grantsville, Md.</u> | | 24b. REGISTRAR'S SIGNATURE <u> </u> | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 File #232 7-30-58 et

CERTIFICATE OF DEATH

07985

Reg. Dist. No.

7986

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|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH o. COUNTY <u>GARRETT</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>GARRETT</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>FRIENDSVILLE RURAL</u> | | | | c. LENGTH OF STAY IN 1b <u>14 YRS</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>AMANDA</u> Middle <u>HOCKMAN</u> Last <u>BROWN</u> | | | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>16</u> Year <u>1958</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>NOV. 12, 1865</u> | |
| 9. AGE (In years last birthday) <u>92 yrs.</u> | | 10. IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u> Hours <u>11</u> Min. <u>30</u> | | 11. BIRTHPLACE (State or foreign country) <u>MD</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | | | |
| 13. FATHER'S NAME <u>JACOB BOWSER</u> | | | | 14. MOTHER'S MAIDEN NAME <u>CATHERINE BOYER</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT <u>Mrs. Vernie Bowser, Friendsville, Md</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>Arteriosclerosis of Ht. Disease</u> | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u> | | | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | 20g. (City or town) (County) (State) | | | |
| 21. I certify that I attended the deceased from <u>Nov 1</u> , 19 <u>53</u> to <u>July 11</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>July 11</u> , 19 <u>58</u> , and that death occurred at <u>8:40 P.M.</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>R. D. Markleysburg, Pa.</u> DATE SIGNED <u>July 17, 1958</u> | | | | | | | |
| ACTUAL SIGNATURE <u>Harold O Kamons</u> M.D. | | | | DATE SIGNED <u>July 17, 1958</u> | | | |
| PHYSICIAN'S NAME (Type) <u>HAROLD O KAMONS</u> | | | | DATE SIGNED <u>July 17, 1958</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 22b. DATE THEREOF <u>7/19/58</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>COVE LUTHERAN</u> | | 22d. LOCATION (City, town, or county) (State) <u>ACCIDENT GARRETT CO. MD</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Don Newman, Grantsville, Md</u> | | | | 24a. REC'D BY REGISTRAR <u>—</u> | | 24b. REGISTRAR'S SIGNATURE <u>—</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

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|---------------------------------------|--|---------------------------------------|--|-------------------------------------|--|
| NAME OF DECEASED [Illegible] | | SEX [Illegible] | | AGE [Illegible] | |
| PLACE OF BIRTH [Illegible] | | DATE OF BIRTH [Illegible] | | TIME OF BIRTH [Illegible] | |
| OCCUPATION [Illegible] | | CAUSE OF DEATH [Illegible] | | MANNER OF DEATH [Illegible] | |
| PLACE OF DEATH [Illegible] | | DATE OF DEATH [Illegible] | | TIME OF DEATH [Illegible] | |
| SIGNATURE OF PHYSICIAN [Illegible] | | SIGNATURE OF REGISTRAR [Illegible] | | SIGNATURE OF WITNESS [Illegible] | |

RECEIVED IN CIVIL
 DEPARTMENT OF HEALTH
 BOSTON
 MAY 1910

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7987 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07986

Reg. Dist. No.

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|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kitzmiller c. LENGTH OF STAY IN 1b 12 Yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4 Mi. West Kitzmiller, Md. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kitzmiller d. STREET ADDRESS 4 Mi. West Kitzmiller, Md. e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Beulah Middle Mae Last Calhoun | | 4. DATE OF DEATH Month July Day 1 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 23, 1914 |
| 9. AGE (In years last birthday) 44 yrs. | | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 24 HRS. Hours 1 Min. 58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (State or foreign country) West Virginia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME James Philip Layton | | 14. MOTHER'S MAIDEN NAME Edith Shaver | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. ---- | |
| 17. INFORMANT Elmer C. Calhoun | | Address Kitzmiller, Md. R. D. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN NECK DUE TO Conditions, if any, which gave rise to immediate cause (b) (c), stating the underlying cause lost. DUE TO | | INTERVAL BETWEEN ONSET AND DEATH Immediate | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fracture upset and rolled on deceased | |
| 20c. TIME OF INJURY Month, Day, Year Hour 4:30 o. m. 7-1 p. m. 1958 | | 20d. INJURY OCCURRED While <input checked="" type="checkbox"/> of work Not while <input type="checkbox"/> of work | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm | | 20f. (City or town) Rural near Kitzmiller (Ga.) (County) (State) | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> . | | | |
| ACTUAL SIGNATURE James H. Feaster, Jr. M.D. | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | |
| EXAMINER'S NAME (Type) J. H. Feaster, Jr. M.D. Acting | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | |
| DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | DATE SIGNED 7-1-58 | |
| 22a. BURIAL, CREMATION, or other disposition (Specify) Burial | | 22b. DATE THEREOF 7/5/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | | 22d. LOCATION (City, town, or county) Elk Garden, W. Va. (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. C. Reighton | | ADDRESS Oakland, Md. | |
| 24a. REC'D BY REGISTRAR JUL 7 '58 | | 24b. REGISTRAR'S SIGNATURE W. C. ... | |

218-31

Journal of Applied Behavior Analysis

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James M. L. L. L. L.

Received 2002-07-25

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Kimer, C. Calhoun

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film 02339-18-58 et

09099

7988

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|---|----------------------------------|---|---|---|--|---|--|
| 1. PLACE OF DEATH o. COUNTY Garrett MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE West Virginia b. COUNTY Preston | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingwood, 85X-3 | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Evans Nursing Home | | | | d. STREET ADDRESS Brown Avenue | | | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Robert Childs | | | | 4. DATE OF DEATH Month Day Year July 2, 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1882 July 31, 1882 | 9. AGE (In years last birthday) 75 yrs. | IF UNDER 1 YEAR Months Days Hours Min. 11 1 | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroader | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Terra Alta, West Va. | |
| 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Jane Schmiller, Kingwood, W. Va. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Atherosclerotic Cardiovascular Disease 10 years DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic of the liver | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | | | | |
| 21. I certify that I attended the deceased from March, 1957 , to July, 1958 , that I last saw the deceased alive on July 2, 1958 , and that death occurred at 10:41 A.M. from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Herbert H. Leighton M.D. | | | | ADDRESS (Street, city or town, state) 77 Oak St., Oakland, Md. | | | |
| DATE SIGNED July 5, 1958 | | | | | | | |
| PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D. 77 Oak St., Oakland, Maryland | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF July 5, 1958 | | 22c. NAME OF CEMETERY OR CREMATORY Malpewood Cemetery | | 22d. LOCATION (City, town, or county) (State) Kingwood, West Virginia | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Frank L. Williams | | | | ADDRESS Kingwood, W. Va. | | 24a. REC'D BY REGISTRAR DATE SEP 9 '58 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Arthur L. Kline | | | |

MAYLAND STATE DEPARTMENT OF HEALTH—DAPHNOCRE 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7989

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07987

Reg. Dist. No.

| | | | | | | | |
|---|---|---|---|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Garrett</u> <u>MARYLAND</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE <u>Pennsylvania</u> b. COUNTY <u>Green</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>McHenry, Maryland</u> | | | | c. LENGTH OF STAY IN 1b <u>Few days</u> | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Glutfelty's Motel</u> | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Zimmerman</u> Last <u>Eicher</u> | | | | 4. DATE OF DEATH Month <u>7</u> Day <u>17</u> Year <u>19 58</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 8, 1894</u> | | 9. AGE (In years last birthday) <u>63</u> yrs. | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer (Clerical)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Mills</u> | | 11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>Joseph A Eicher</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Ella Burkholder</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>W. W. T 191-07-5774</u> | | 17. INFORMANT <u>Dr. Wm. Fast (Friend)</u> Address <u>Philadelphia, Pa.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) <u> </u> (a), stating the underlying cause lost. DUE TO (c) <u> </u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Previous myocardial infarction</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m. <u> </u> Month, Day, Year <u> </u> 19 <u> </u> | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) | | (County) | (State) |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE <u>James H. Feaster, Jr.</u> M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | |
| EXAMINER'S NAME (Type) <u>James H. Feaster, Jr. (Acting)</u> | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | |
| DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | | DATE SIGNED <u>7-17-58</u> | | | |
| 22a. BURIAL, CREMATION, or other disposition <u>Burial</u> | | 22b. DATE THEREOF <u>7/20/1958</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u> | | 22d. LOCATION (City, town, or county) (State) <u>Uniontown, Pa.</u> | |
| 23. MEDICAL DIRECTOR'S SIGNATURE <u>Michael Lucas Carmichael</u> <u>Oakland, Md.</u> | | | | 24a. REC'D BY REGISTRAR <u>mi 21 '58</u> | | 24b. REGISTRAR'S SIGNATURE <u> </u> | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

Hotel's Motel

4772 J. Neurosci., September 24, 2008 • 28(39):4767–4774

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1507

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1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7990 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07988

Item 9 FilmG231 7-21-58 et

Reg. Dist. No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>GARNETT</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>(RURAL) Bittington 24 hrs.</u> c. LENGTH OF STAY IN 1b <u>24 hrs.</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>ALLEG.</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL CUMBERLAND 01X-2</u> d. STREET ADDRESS <u>Rt 3</u> e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) <u>ROBERT NEEL FLORA JR</u> First Middle Last 4. DATE OF DEATH <u>JULY 14 19 58</u> Month Day Year | | | | 5. SEX <u>777</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH <u>12-4-1943</u> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 9. AGE (In years last birthday) <u>15</u> yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u> 11. BIRTHPLACE (State or foreign country) <u>Cumberland, Md.</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13. FATHER'S NAME <u>Robert Neel Flora, Sr.</u> 14. MOTHER'S MAIDEN NAME <u>Margaret Louise DeWitt</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT <u>R. N. Flora, Sr.</u> Address <u>Rt. 3, Cumberland, Md.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> <u>929.4</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>DROWNED WHILE SWIMMING PLEASANT VALLEY REC. AREA</u> 20c. TIME OF INJURY Month, Day, Year <u>19</u> Hour a. m. p. m. 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Rural Bittington GARR. Md.</u> 20f. (City or town) (County) (State) | | | | | | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> | | | | | | | |
| ACTUAL SIGNATURE <u>James H. Feaster Jr.</u> M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> EXAMINER'S NAME (Type) <u>JAMES H. FEASTER JR. Acting</u> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>7.14.58</u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 22b. DATE THEREOF <u>7/17/1958</u> 22c. NAME OF CEMETERY OR CREMATORY <u>Zion Memorial Cem. Cumberland, Md.</u> 22d. LOCATION (City, town, or county) (State) | | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Byron Light</u> ADDRESS <u>Cumberland, Md.</u> 24a. REC'D BY REGISTRAR <u>W. H. H. H.</u> DATE <u>JUL 16 '58</u> 24b. REGISTRAR'S SIGNATURE | | | | | | | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in our files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | |
|--|--|--|--|
| <p>1. NAME OF DECEASED: <u>JOHN J. BROWN</u></p> | | <p>2. SEX: <u>MALE</u></p> | |
| <p>3. AGE: <u>45</u></p> | | <p>4. DATE OF DEATH: <u>10-15-1918</u></p> | |
| <p>5. PLACE OF DEATH: <u>HOME</u></p> | | <p>6. TIME OF DEATH: <u>10:30 AM</u></p> | |
| <p>7. CAUSE OF DEATH: <u>HEART DISEASE</u></p> | | <p>8. MANNER OF DEATH: <u>NATURAL</u></p> | |
| <p>9. MEDICAL HISTORY: <u>None</u></p> | | | |
| <p>10. PHYSICAL EXAMINATION: <u>None</u></p> | | | |
| <p>11. TOXICOLOGICAL EXAMINATION: <u>None</u></p> | | | |
| <p>12. POST-MORTEM EXAMINATION: <u>None</u></p> | | | |
| <p>13. SIGNATURE OF MEDICAL EXAMINER: <u>[Signature]</u></p> | | | |
| <p>14. SIGNATURE OF REGISTRAR: <u>[Signature]</u></p> | | | |

7991

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland | | c. LENGTH OF STAY IN 1b 16 yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION West Oakland | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Catherine Middle E. Last Rodeheaver | | 4. DATE OF DEATH Month July Day 27 , Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 11, 1893 |
| 9. AGE (In years last birthday) 64 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Pennsylvania |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Andrew Fischer | |
| 14. MOTHER'S MAIDEN NAME Mary Braun | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | |
| 16. SOCIAL SECURITY NO. ---- | | 17. INFORMANT George Rodeheaver Address Oakland, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis primary DUE TO (b) in ovary Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 8 mos |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) |
| 20f. (City or town) | | (County) (State) | |
| 21. I certify that I attended the deceased from 1/4/1955 to 7/27/1958 , that I last saw the deceased alive on 7/27/1958 , and that death occurred at 12:45P M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE A. E. Mance M.D. | | ADDRESS (Street, city or town, state) Oakland, Md. DATE SIGNED July 8 | |
| PHYSICIAN'S NAME (Type) A. E. Mance, M. D. | | Oakland, Maryland. | |
| 22a. DATE OF REMOVAL (Specify) 7/29/1958 | | 22b. NAME OF CEMETERY OR CREMATORY Braddock Catholic Cem. | |
| 22c. LOCATION (City, town, or county) Braddock, Penna. | | (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton | | ADDRESS Oakland, Md. | |
| 24a. REGISTRY REGISTRAR JOE S. S. 58 | | DATE | |
| 24b. REGISTRAR'S SIGNATURE W. J. Leach | | | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, pages 1 and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

DATE OF DEATH

DECEASED

SEX

AGE

Oakland, Maryland

18 yrs.

Oakland, Maryland

West Oakland

West Oakland

Robertson

Catherine

2-13-27

Aug. 11, 1888

White

Female

U.S.A.

Pennsylvania

Low Hope

Home Wile

Harry Brown

Andrew Fisher

Oakland, Md.

George Robertson

No

18:45

Oakland, Maryland

A. E. Vance, M. D.

7/22/1922 Burdock Catholic Cem. Burdock, Tenn.

Oakland, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use at the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7992

CERTIFICATE OF DEATH

07990

Reg. Dist. No.

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland. b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, | | c. LENGTH OF STAY IN 1b 85 yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Weeks Nursing Home | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Lillie Middle May Last Rodeheaver | | 4. DATE OF DEATH Month July Day 5, Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 13, 1865 |
| 9. AGE (In years last birthday) 92 yrs. | | 10. IF UNDER 1 YEAR Months 25 Days 10 Hours 25 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME George W. White | | 14. MOTHER'S MAIDEN NAME Elizabeth Sauers | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. --- | |
| 17. INFORMANT Mrs. Della McIntire | | Address Oakland, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) Coronary Occlusion DUE TO (c) Arteriosclerotic Cardiovascular Disease | | INTERVAL BETWEEN ONSET AND DEATH 20 minutes 20 minutes 25 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture of right ankle - 1 year ago | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from March , 19 57 to July , 19 58 , that I last saw the deceased alive on June 18 , 19 58 , and that death occurred at 5:30 A.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE Herbert H. Leighton M.D. | | ADDRESS (Street, city or town, State) 77 Oak St. Oakland, Md. DATE SIGNED July 6, 1958 | |
| PHYSICIAN'S NAME (Type) Herbert H. Leighton, M. D. | | Oakland, Md. | |
| 22a. BURIAL, CREMATION, or other disposition (Specify) Burial | | 22b. DATE THEREOF 7/7/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORY Rodeheaver Cemetery | | 22d. LOCATION (City, town, or county) (State) Route 219, Garrett Co., Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. Leighton | | ADDRESS Oakland, Md. | |
| 24a. REC'D BY REGISTRAR JUL 10 58 | | 24b. REGISTRAR'S SIGNATURE Overheaver | |

CERTIFICATE OF DEATH

1900

| | | | |
|------------------------|--|---------------------|--|
| Name of Deceased | | George W. White | |
| Sex | | Male | |
| Age | | 38 | |
| Date of Death | | Sept. 18, 1900 | |
| Place of Death | | Home | |
| Cause of Death | | Typhoid Fever | |
| Occupation | | None | |
| Residence | | Oakland, N.Y. | |
| Burial Place | | Oakland, N.Y. | |
| Name of Informant | | Mrs. Della Holbrook | |
| Signature of Informant | | [Signature] | |
| Signature of Registrar | | [Signature] | |
| Date of Registration | | Sept. 19, 1900 | |
| Place of Registration | | Oakland, N.Y. | |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7993

CERTIFICATE OF DEATH

07991

Reg. Dist. No.

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDRESS 3137 N. Calvert St. | |
| 3. NAME OF DECEASED (Type or print) First Louisa Middle Blanche Last Selden | | 4. DATE OF DEATH Month July Day 16 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 6, 1883 |
| 9. AGE (In years last birthday) 75 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (State or foreign country) Maryland. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Albert Augustus Selden | | 14. MOTHER'S MAIDEN NAME Mary Louisa Duckett | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | |
| 17. INFORMANT Albert A. Selden, Jr., Mt. Lake Park, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 420.1 IMMEDIATE CAUSE (a) Cerebral Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Aug 14 , 19 52 , to July 16 , 19 58 , that I last saw the deceased alive on Aug 5 , 19 58 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE E. I. Baumgartner | | DATE SIGNED 7/16/58 | |
| PHYSICIAN'S NAME (Type) E. I. Baumgartner, M. D. | | Oakland, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7/19/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | | 22d. LOCATION (City, town, or county) (State) Pikesville, Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton | | 24a. REC'D BY REGISTRAR DATE JUL 17 1958 | |
| ADDRESS Oakland, Md. | | 24b. REGISTRAR'S SIGNATURE DeLoach | |

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July 8, 1963

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Police Agency.

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Albert Einstein

John J. ...

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Albert A. Fried

• 588 • *Annals Entomological Society of America* Ba^{2+} and Ca^{2+}

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

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7994

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07992

Reg. Dist. No.

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH o. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Maryland b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland | c. LENGTH OF STAY IN 1b 2 Weeks | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Oakland, | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Evans Nursing Home | | d. STREET ADDRESS 9 Ml. S W Oakland, Md. | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle Adam Last Shaffer | | 4. DATE OF DEATH Month July Day 11 Year 19 58 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 30, 1871 |
| 9. AGE (In years last birthday) yrs. 87 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (State or foreign country) Maryland |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Benjamin F. Shaffer | |
| 14. MOTHER'S MAIDEN NAME Eva Mariah Wilt | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. ukn | | 17. INFORMANT Lee Shaffer Address R. D. Oakland, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 450.0 Congestive Heart Failure DUE TO (b) Arterio Sclerosis DUE TO (c) Arterio Sclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from July 25, 1958 to July 11, 1958 , that I last saw the deceased alive on July 10, 1958 , and that death occurred at 12:01 PM , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE E. I. Baumgartner, M. D. | | ADDRESS (Street, city or town, state) DATE SIGNED Isle of St. Oakland Md 7/11/58 | |
| PHYSICIAN'S NAME (Type) E. I. Baumgartner, M. D. | | Oakland, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 7/13/1958 | 22c. NAME OF CEMETERY OR CREMATORY Red House Cemetery | 22d. LOCATION (City, town, or county) (State) Garrett County, Maryland. |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. Leighton | | ADDRESS Oakland, Md. | 24a. REC'D BY REGISTRAR DATE JUL 14 '58 |
| 24b. REGISTRAR'S SIGNATURE Reese Smith | | | |

CERTIFICATE OF DEATH

| | | | | | |
|--|--|---|--|--|--|
| <p>1. Name of deceased: Benjamin P. Shaffer</p> | | <p>2. Date of death: Dec. 30, 1891</p> | | <p>3. Place of death: St. Mary's W.D.</p> | |
| <p>4. Name of informant: John Shaffer</p> | | <p>5. Relationship: son</p> | | <p>6. Residence: St. Mary's W.D.</p> | |
| <p>7. Name of physician: John Shaffer</p> | | <p>8. Signature of physician: John Shaffer</p> | | <p>9. Name of registrar: John Shaffer</p> | |
| <p>10. Name of registrar: John Shaffer</p> | | <p>11. Signature of registrar: John Shaffer</p> | | <p>12. Name of registrar: John Shaffer</p> | |
| <p>13. Name of registrar: John Shaffer</p> | | <p>14. Signature of registrar: John Shaffer</p> | | <p>15. Name of registrar: John Shaffer</p> | |
| <p>16. Name of registrar: John Shaffer</p> | | <p>17. Signature of registrar: John Shaffer</p> | | <p>18. Name of registrar: John Shaffer</p> | |
| <p>19. Name of registrar: John Shaffer</p> | | <p>20. Signature of registrar: John Shaffer</p> | | <p>21. Name of registrar: John Shaffer</p> | |
| <p>22. Name of registrar: John Shaffer</p> | | <p>23. Signature of registrar: John Shaffer</p> | | <p>24. Name of registrar: John Shaffer</p> | |
| <p>25. Name of registrar: John Shaffer</p> | | <p>26. Signature of registrar: John Shaffer</p> | | <p>27. Name of registrar: John Shaffer</p> | |
| <p>28. Name of registrar: John Shaffer</p> | | <p>29. Signature of registrar: John Shaffer</p> | | <p>30. Name of registrar: John Shaffer</p> | |
| <p>31. Name of registrar: John Shaffer</p> | | <p>32. Signature of registrar: John Shaffer</p> | | <p>33. Name of registrar: John Shaffer</p> | |
| <p>34. Name of registrar: John Shaffer</p> | | <p>35. Signature of registrar: John Shaffer</p> | | <p>36. Name of registrar: John Shaffer</p> | |
| <p>37. Name of registrar: John Shaffer</p> | | <p>38. Signature of registrar: John Shaffer</p> | | <p>39. Name of registrar: John Shaffer</p> | |
| <p>40. Name of registrar: John Shaffer</p> | | <p>41. Signature of registrar: John Shaffer</p> | | <p>42. Name of registrar: John Shaffer</p> | |
| <p>43. Name of registrar: John Shaffer</p> | | <p>44. Signature of registrar: John Shaffer</p> | | <p>45. Name of registrar: John Shaffer</p> | |
| <p>46. Name of registrar: John Shaffer</p> | | <p>47. Signature of registrar: John Shaffer</p> | | <p>48. Name of registrar: John Shaffer</p> | |
| <p>49. Name of registrar: John Shaffer</p> | | <p>50. Signature of registrar: John Shaffer</p> | | <p>51. Name of registrar: John Shaffer</p> | |
| <p>52. Name of registrar: John Shaffer</p> | | <p>53. Signature of registrar: John Shaffer</p> | | <p>54. Name of registrar: John Shaffer</p> | |
| <p>55. Name of registrar: John Shaffer</p> | | <p>56. Signature of registrar: John Shaffer</p> | | <p>57. Name of registrar: John Shaffer</p> | |
| <p>58. Name of registrar: John Shaffer</p> | | <p>59. Signature of registrar: John Shaffer</p> | | <p>60. Name of registrar: John Shaffer</p> | |
| <p>61. Name of registrar: John Shaffer</p> | | <p>62. Signature of registrar: John Shaffer</p> | | <p>63. Name of registrar: John Shaffer</p> | |
| <p>64. Name of registrar: John Shaffer</p> | | <p>65. Signature of registrar: John Shaffer</p> | | <p>66. Name of registrar: John Shaffer</p> | |
| <p>67. Name of registrar: John Shaffer</p> | | <p>68. Signature of registrar: John Shaffer</p> | | <p>69. Name of registrar: John Shaffer</p> | |
| <p>70. Name of registrar: John Shaffer</p> | | <p>71. Signature of registrar: John Shaffer</p> | | <p>72. Name of registrar: John Shaffer</p> | |
| <p>73. Name of registrar: John Shaffer</p> | | <p>74. Signature of registrar: John Shaffer</p> | | <p>75. Name of registrar: John Shaffer</p> | |
| <p>76. Name of registrar: John Shaffer</p> | | <p>77. Signature of registrar: John Shaffer</p> | | <p>78. Name of registrar: John Shaffer</p> | |
| <p>79. Name of registrar: John Shaffer</p> | | <p>80. Signature of registrar: John Shaffer</p> | | <p>81. Name of registrar: John Shaffer</p> | |
| <p>82. Name of registrar: John Shaffer</p> | | <p>83. Signature of registrar: John Shaffer</p> | | <p>84. Name of registrar: John Shaffer</p> | |
| <p>85. Name of registrar: John Shaffer</p> | | <p>86. Signature of registrar: John Shaffer</p> | | <p>87. Name of registrar: John Shaffer</p> | |
| <p>88. Name of registrar: John Shaffer</p> | | <p>89. Signature of registrar: John Shaffer</p> | | <p>90. Name of registrar: John Shaffer</p> | |
| <p>91. Name of registrar: John Shaffer</p> | | <p>92. Signature of registrar: John Shaffer</p> | | <p>93. Name of registrar: John Shaffer</p> | |
| <p>94. Name of registrar: John Shaffer</p> | | <p>95. Signature of registrar: John Shaffer</p> | | <p>96. Name of registrar: John Shaffer</p> | |
| <p>97. Name of registrar: John Shaffer</p> | | <p>98. Signature of registrar: John Shaffer</p> | | <p>99. Name of registrar: John Shaffer</p> | |
| <p>100. Name of registrar: John Shaffer</p> | | <p>101. Signature of registrar: John Shaffer</p> | | <p>102. Name of registrar: John Shaffer</p> | |

7995

CERTIFICATE OF DEATH

07993

Reg. Dist. No.

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY Balto. | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE - Lutherville 03X-2 ✓ | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL | | d. STREET ADDRESS 218 Meadowvale Road | |
| 3. NAME OF DECEASED (Type or print) First Middle Last RICHARD SHRINER | | 4. DATE OF DEATH Month Day Year JULY 19 19 58 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEB. 19th, 1941 |
| 9. AGE (In years last birthday) 17 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | |
| 11. BIRTHPLACE (State or foreign country) Maryland. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Wilford P. Shriner | | 14. MOTHER'S MAIDEN NAME Helen V. Garrison | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ---- | |
| 17. INFORMANT Helen V. Shriner | | Address Lutherville, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema, Acute 401.3 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Rheumatic heart disease, Acute DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Child deformed - Lower 1/2 of body absent since B.A.H. | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs 10 days |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from 1-1-1957 , to 7-19-58 , that I last saw the deceased alive on 7-19-58 , and that death occurred at 5:45 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 58 2nd St. Oakland Md DATE SIGNED 7-19-58 ACTUAL SIGNATURE James H. Feaster M.D. 58 2nd St. Oakland Md PHYSICIAN'S NAME (Type) JAMES H. FEASTER M.D. | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 7/22/1958 | 22c. NAME OF CEMETERY OR CREMATORY Baltimore National Cem., Baltimore, Maryland. | 22d. LOCATION (City, town, or county) (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton ADDRESS Oakland, Md. | | 24a. REC'D BY REGISTRAR JUL 21 '58 | 24b. REGISTRAR'S SIGNATURE Alfred |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

* *Keyland*

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ALLIED F. SERVICE

John V. Hunter Jacksonville, Fla.

or

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

07994

7996

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|--|----------------------------------|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Pennsylvania b. COUNTY Allegheny | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park, | | | c. LENGTH OF STAY IN 1b 2 days | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsburgh 16, | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bulls Arm, Deep Creek Lake | | | | d. STREET ADDRESS 1534 McFarland Road | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Irvin Middle Thomas Last Turner | | | | 4. DATE OF DEATH Month July Day 15, Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 17, 1896 | | 9. AGE (In years last birthday) 62 yrs. | IF UNDER 1 YEAR Months 62 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Projectionist | | 10b. KIND OF BUSINESS OR INDUSTRY Warner Bros. | | 11. BIRTHPLACE (State or foreign country) Pennsylvania | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Thomas Turner | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) yes | | 16. SOCIAL SECURITY NO. W. W. 1 190-07-3600 | | 17. INFORMANT Mrs. Edna Turner, 1534 McFarland Rd. Pittsburgh 16, Pa. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning <div style="border: 1px solid black; padding: 2px; display: inline-block;">850X</div> <p style="margin-left: 20px;">DUE TO</p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.</p> <p style="text-align: right;">(b) _____</p> <p style="text-align: right;">DUE TO</p> <p style="text-align: right;">(c) _____</p> </p></div> <div style="width: 35%;"> <p>INTERVENING CAUSE (b) _____</p> <p>IMMEDIATE CAUSE (c) Immediate</p> </div> </div> | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accidentally thrown from motor boat and drowned | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour 6 a.m. 7-15-58 p.m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Deep Creek Lake | | 20f. (City or town) (County) (State) (Rural) Deer Park Garr. Md | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE <i>James H. Feaster, Jr.</i> | | | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> | | | |
| EXAMINER'S NAME (Type) James H. Feaster, Jr. (Acting) | | | | DATE SIGNED 7-15-58 | | | |
| 22a. REMOVAL METHOD Removal | | 22b. DATE THEREOF 7/16/1958 | | 22c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | | 22d. LOCATION (City, town, or county) (State) Pittsburgh 16, Pa. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>R. Leighton</i> | | | | ADDRESS Oakland, Md. | | 24a. REC'D BY REGISTRAR DATE JUL 17 '58 | |
| | | | | 24b. REGISTRAR'S SIGNATURE <i>W. Leighton</i> | | | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained by the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | |
|---|--|--|--|
| County | | State | |
| Baltimore | | Maryland | |
| Rural District | | City and Town | |
| Deep Creek Lake | | Pittsburgh 10, Pa. | |
| Balls Ave., Deep Creek Lake | | 1534 Maryland Road | |
| Inter | | Turner | |
| Male | | White | |
| Thomas Turner | | Feb. 17, 1898 | |
| Projectionist | | Warner Bros. | |
| Thomas Turner | | Unknown | |
| Yes | | W. W. I | |
| 190-57-3500 | | Edna Turner, 1534 Maryland Rd., Pittsburgh 10, Pa. | |
| Drowning | | Immediate | |
| Accidentally thrown from motor boat and drowned | | July 1-18-08 | |
| Deep Creek Lake | | Pittsburgh 10, Pa. | |
| James H. Weaver, Jr. (Assistant) | | 7-18-08 | |
| Mc. Lebanon Cemetery | | Pittsburgh 10, Pa. | |
| Oakland, Md. | | | |